

Notice of School Admissions Appeal

IMPORTANT - If your child has a Statement of Special Educational Needs and you wish to appeal against the decision not to offer him/her a place at your preferred school, it is not appropriate for you to complete this form. Your appeal will be heard by a Special Educational Needs Tribunal and you should contact your child's named officer at SENDIASS, as soon as possible on (0116) 3055 614 who will explain the procedure to you.

* Required

School you would prefer your child to attend

Limehurst Academy

1. Name of child who is the subject of the appeal *

2. Gender *

Male

Female

3. Date of birth *

Format: M/d/yyyy



4. School child presenting attends *

5. If your child has been offered a place at an alternative school, please state. *

6. Name of parent(s) or person legally responsible for the child *

7. Phone number (if known)

8. Email address (if known)

9. Current address of parent(s) or person legally responsible for the child *

10. Are there other children in the family? *

Yes

No

Other Children - 1

11. Name *

12. Date of Birth *



Format: M/d/yyyy

13. Present school *

14. Are there any other children? *

Yes

No

Other Children - 2

15. Name *

16. Date of Birth *



Format: M/d/yyyy

17. Present school *

18. Are there any other children? *

Yes

No

Other Children - 3

19. Name *

20. Date of Birth *



Format: M/d/yyyy

21. Present school *

22. Are there any other children? *

Yes

No

Other Children - 4

23. Name *

24. Date of Birth *



Format: M/d/yyyy

25. Present school *

26. Are there any other children? *

Yes

No

Other Children - 5

27. Name *

28. Date of Birth *



Format: M/d/yyyy

29. Present school *

Further Information

30. Have you received a letter confirming you have been refused a place for your child at your preferred school? *

If yes, please email this to: Office@Limehurst.org.uk (<mailto:Office@Limehurst.org.uk>)

Yes

No

31. Do you wish to attend the hearing? *

Wherever possible, it would be helpful if you or a representative could attend the appeal.

Yes

No

32. Will you bring a friend or representative. *

Yes

No

Friend or representative

33. Name of representative *

Please note - You will be sent two copies of the statement for the appeal panel at least 7 days before your appeal hearing. One copy is for you to keep, the other is for your friend or representative.

34. Address of representative *

35. Representative's relationship to child *

e.g. parent, teacher, family, friend, private tutor

Dates

36. Please indicate any dates when you are NOT able to attend *

e.g. annual holidays

Notice

37. You are legally entitled to 14 days' notice of the date your appeal is to be heard. Do you agree, if necessary, to less than 14 days' notice for the date your appeal is to be heard? *

Yes

No

Appeal

38. The reasons for my/our appeal are *

*If you have any supporting documentation, please send this to office@Limehurst.org.uk
(<mailto:office@Limehurst.org.uk>).*

Declaration

By submitting this form, you declare that the information contained in this Notice of Appeal is correct, to the best of my knowledge, at the date of writing.

39. Declaration *

I confirm that I am a parent/carer for and that my child has been refused a place at this school. I have checked that all those with parental responsibility are in agreement with the information presented in this form and the information given is true to the best of my knowledge and belief.

I agree to the above declaration

40. Declaration *

I agree that the information given may be circulated to members of the Appeals Panel.

I agree to the above declaration

41. Declaration *

I understand that, if I do not attend the hearing and I do not send a representative, my case will be heard in my absence using the information I have supplied on this form along with any other information I have submitted by my hearing date.

I agree to the above declaration

42. Parent/Carer name *

43. Date completed *



Format: M/d/yyyy

44. Relation to child *

45. Best contact telephone number *

46. Please indicate the best time for us to make contact with you by telephone.

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